Comagine Health

Reimagining health care, together.



Case management helps patients with catastrophic or complex chronic conditions obtain the services and supports necessary to manage their comprehensive health care needs.

Comagine Health's case management professionals work closely with the patient, family, health care providers, medical home and health plan to develop and implement a personalized and holistic care plan for the patient that promotes quality and cost-effective outcomes.

We frequently identify patients who could benefit from case management services through our utilization management process. However, referrals for case management services can come directly from a variety of other sources, including claims administrators, plan sponsors, providers and patients themselves. Comagine Health's case management processes follow the standards of practice proclaimed by the Case Management Society of America.

Our Background

Comagine Health is a 501(c)(3), nonprofit organization dedicated to serving the public and advancing health care, often to the country's most vulnerable populations.

We possess more than 50 years of experience providing telephonic and on-site case management for clients that include state Medicaid and other government agencies, self-funded health plans and other public- and private-sector customers.

Comagine Health's case management program, which has held full URAC accreditation since 1999 (the first year such accreditation was offered), uses nationally recognized standards, processes and procedures to collaboratively help consumers manage their health care needs.

Steps to Achieving Results

Comagine Health's case management program is voluntary, and we use a team-oriented approach to coordinating appropriate health care services. A Comagine Health case manager acts as a facilitator when the case is opened, maintaining a high level of communication with the patient, attending physician, and other involved care providers and agencies to ensure all parties are given timely and relevant information regarding the case.

Every newly opened case undergoes a comprehensive assessment, which is contained in electronic format in our care management system and guides the case manager through the process of obtaining a holistic evaluation of the patient's current status and needs in specific key domains areas such as medical, behavioral, developmental, cognitive, lifestyle and social issues.

Our case manager uses the completed assessment to develop the individual care plan for the patient. This care plan will address both short- and long-term goals, timeframes for follow-up re-evaluations, available resources and long-term community supports, and collaborative approaches to use with the patient's primary care provider, other health care providers and medical home. Care plan development serves as a means for achieving patient wellness and autonomy through advocacy, communication, education, resource identification and facilitation.

Case management interventions are conducted as outlined in the care plan and will be continuously assessed for effectiveness, and adjusted accordingly. Throughout the process, the case manager actively communicates and collaborates with the patient, family, patient's primary care provider, other health care providers and medical home. The case manager also promotes necessary funding, facilitates appropriate treatment and alternatives, assists with accessing community resources and provides timely coordination of health services.

Clinical Expertise

Comagine Health's case managers are registered nurses, behavioral health professionals and social workers. Each case manager has a minimum of three years of direct clinical experience in areas such as critical care, longterm care, physical rehabilitation, behavioral health, home health care, pediatrics, neonatology and oncology. Our case managers are either certified in case management or are working to obtain their certification.

Comagine Health has leveraged our strong organizational knowledge in the areas of the Chronic Care Model, care transitions, care coordination and the patient-centered medical home by incorporating core components of these models into our case management processes. This allows our case managers to integrate best practices into their work with patients and providers. Our case managers are trained in the use of motivational interviewing techniques, which are effective in influencing behavioral changes by meeting self-management goals.

Extensive Reporting Capabilities

Comagine Health has comprehensive reporting capabilities and provides a standard reporting package for each client. For case management, the package includes detailed case and summary reports.

Case Management Outcomes

Our case managers realize cost savings for clients through specific interventions such as:

- Negotiating a lower cost for a specific service
- Arranging for an alternative level of service (e.g., skilled nursing facility versus inpatient rehabilitation
- Optimizing the timing and delivery of services
- Reducing redundant and medically unnecessary services
- Facilitating averted high-cost health care services

In addition to achieving positive financial returns, Comagine Health achieves optimal clinical and functional outcomes through targeted case management intervention that support evidence-based clinical guidelines. Comagine Health's case management program also consistently receives high patient satisfaction scores as well.

urac ACCREDITED Case Management Accreditation Expires: 10/01/2027

urac ACCREDITED Health Utilization Management Expires: 10/01/2027

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